



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAR -1 PM 12:12

1. Entity ID Number 90261		2. Exact name of the Corporation DARLINGTON AUTO BODY, INC.			
3. Principal Office Address 156 BENEFIT STREET			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS AND SALES AND AUTO BODY REPAIRS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MANUEL JORGE			Vice-President Name CHRISTOPHER JORGE		
Street Address 156 BENEFIT STREET			Street Address 156 BENEFIT STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name MANUEL JORGE			Treasurer Name MANUEL JORGE		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative MANUEL JORGE				Date 1/29/19	
Signature of Authorized Representative <i>Manuel Jorge</i>				Date 1/29/19	

FILED
 MAR - 1 2019
 BY [Signature]

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov